



CITY OF JOHNSON CITY
601 East Main Street
www.JohnsonCityTN.org
423.434.6000

OFFICE OF THE RECORDER/TREASURER

Special Events Transient Vendor's License Application

Name of Event: _____

Location of Event: _____

Event Dates: From: _____ to: _____

Business Name: _____

Business Address: _____

Business Phone No: _____

Federal Employers ID: _____

Social Security No: _____

Driver's License No: _____

(Copy must be attached)

Business Owner: _____

Products to be Sold: _____

Fee \$50.00 Method of Payment: Cash, Cashier's Check or Money Order Only!

Signature of Applicant: _____ Date: _____

Signature of Collections Official: _____ Date: _____